

HIV Planning Steering Group Meeting Minutes

Date: Thursday, July 18, 2019
Time: 10:00 a.m. to 3:00 p.m.
Location: Kent – DOH Office Room 309

Community Co-Chair: Jasmine Gruenstein
Governmental Co-Chair: Tom Jaenicke

Members Present: Adrian Aguilar-Perez, Scott Bertani, Judith Billings, Kathy Brown, Shireesha Dhanireddy, Lauren Fanning, George Fine, Matt Golden, Jsani Henry, Warren Leyh, Evelyn Manley-Rodriguez, Melissa Roberts, Jason Sterne, Lara Strick

Members Absent: Joseph Ready, Maria Benavides, Mike Barry, Shauna Applin, Hadija Mohamed, Jonas Nicotra,

Community Members: Victor Ramirez, Bill Hall, Tom McBride, Drew McCarthy, Anne Marie Charles, Mellissa Sturgis, Dwayne Wilkerson, Eric Seelbach, Jasmine Rubin, Melanie Lemarche, Jason Oliver, Dennis Torres, Michael Louella, Mosope Oyewole,

DOH Staff: Beth Crutsinger-Perry, Tamara Jones, Vanessa Leja, Maggie Miller-Boland, Kelly Naismith, Carri Comer, Mike Barnes, Cher Levenson, Jennifer Reuer, Steven Erly, Sally Shurbaji,

Welcome and Housekeeping

Agenda Review and Proposed Changes

Scott proposed the addition of the Preferred Drug List (PDL) discussion to the agenda.

Vanessa – Proposed moving Carri's presentation to occur before the sub-committee discussion followed by PDL, Sub-committees, and End AIDS WA presentation.

Motion to approve: Melissa Seconded: Judy Motion carried to approve agenda with changes.

Minutes with Action – Motion to approve: Melissa Seconded: Scott

Membership and New Member Announcements – Melissa Roberts

New Members

Evelyn Manley-Rodriguez – Health department for 5 years, been working in the HIV sector for about 20 years.

Warren Leyh – Director of Clinical Services at Lifelong, working in HIV work for 20 years.

Survey Information and How It Works – Jasmine Gruenstein

50% responded and going to try again.

Of respondents, 50% said they were interested in program spotlights. Executive committee interested in more specifics as to who those invites should be extended to. **Contact Jasmine with recommendations.**

End AIDS WA Updates – Standing Item

Of note, the presentation around HIV stigma today by CFAR is a direct result of the survey.

Tom encouraged the group to not be bashful and nominate your own programs and not just nominate others.

Look for the next survey – Spot at the bottom for open suggestions

Public Comment – No Comments

PrEP/PEP Recommendations to the Legislature – Carri Comer (Need to contact HTS about screen issues)

- **Pull info from Slides**
- **Carri will email some specific bullet points to be included in the notes.**

Reproductive Health Act and Senate bill 5602 – Larger implementation of distribution of condoms, can't discriminate against transgender,

Submit recommendations back to leg about PrEP and PEP. Must be back by Dec1 to the leg.

Role for HPSG for submitting recommendations to increase awareness about patient assistance program and volunteers from HPSG to review. Would like to complete review by October.

Bill Assignment **How to increase awareness and consult with HCA and health benefit exchange and SBOH around education and outreach.**

Is there interest in HPSG participation?

Jasmine – Interested, clarifying q about education and outreach...who is the target? Providers or target population.

Carri – Recommendations pretty broad and primary population, but including providers. Currently have 4 pages of recommendations. Also looked through the lens of broader systems and cross sectors, not just PrEP DAP.

Matthew – Is PrEP DAP demand going to change based on recommendations from

Carri – We are moving forward as if that doesn't matter, but still addressing throughout the narrative. Did the recommendation come out clear enough about whether lab costs for the monitoring are covered or not.

Scott – HPSG involvement, charged by the governor to make recommendations and would be remiss if we didn't respond. Need an ad hoc committee to address within the timeline barriers.

Carri – If you want to be early recommendations need to come in early, but doesn't mean that those recommendations won't show in later versions, but please get them in. Are there limitations on how to progress? – No, would hope not but there are other checks and balances through the review process.

Carri Notes

SB5602 Recommendations to increase awareness about PrEP/PEP PAPs

- **Carri presented an opportunity for the HPSG to participate in DOH's legislative assignment from 2SSB 5602. The legislative assignment requires DOH to submit recommendations for increasing awareness to PrEP/PEP PAPs by December 1st.**
- **HPSG decision – volunteers to coordinate input/feedback from HPSG: Evelyn Rodriguez-Manley, Kathy Brown, Scott Bertani, George**

Who would like to be on a committee?

Jasmine, Scott, Kathy, Evelyn, George, Adrian

DOH internal Process for Managing Leg Reports – Strict Review Timeline

Work plan or timeline about who is involved, when you have benchmarks as the report comes to, and has to go through a review process through leadership.

New support from the agency communication team. Each version of the draft will go through the communications team to help building the report.

Required to use specific templates across the agency including language and C4PA builds that in.

OID Review, Division Review, State Health Officer, Final communications review, Division to final review, back to OID for revisions, to the secretary's office for review to Office of Fiscal Management, back to OID and off to leg by Dec 1.

Scott – When will be able to see the first draft?

Carri – August HPSG will get a draft, folks participating in the ad hoc group will get to see the initial version. September another version and then October things will finalize and then the actual version in December. Most likely through email, but trying to time things for review at Sept HPSG meeting and October HPSG.

Matt – Needs are going to be different for populations that don't have access.

Subcommittee Discussion – Vanessa Leja

Currently only have the membership committee, conversation with Carri, it would be helpful to have a clinical providers sub-committee so business development can ask questions about things needed for business development and the work they do.

Clinical Provider Sub-Committee – Have had one before. Need clinical expertise as clinical and technological advances roll out and emerge. Have gaps around LGBTQ+ healthcare information and how we engage with providers and need input from our partners.

Role and expectations: ***Carri's slides**

Consumer

Public Comment –

Carri Notes

HPSG Subcommittee discussion

- **Carri presented an overview of roles/scope of a clinical advisory subcommittee and shared examples of topics that DOH is interested in obtaining clinical guidance and expertise on.**
 - o **Subcommittee volunteers: Matt Golden, Lara Strick, Shireesa Dhanireddy, Kathy Brown – first topic AH PDL HIV med policies**
 - **Science, best practice, clinical guidance, evidence based practice**
 - **Go first strategies**
 - **assess existence of data/evidence of improved effectiveness based on regimens (SDR/MDR)**
 - **review PA process and recommend protocols to streamline it**
 - o **clarified PA process/criteria**
 - o **commitment to processing requests timely (recommend time frame)**
 - o **EPA protocols and criteria**

PDL – Concerns about Apple Health not including every HIV medication

There is a standing process from address these issues. Usually come from a consumer and this topic comes from a clinical aspect. This is where the Clinical Advisory Committee would be beneficial.

Scott – Shauna and Lifelong wrote a letter to Apple Health that 6 HIV medications are not included on the Medicaid formulary. It took 17 months to meet to ensure that all medications were on the formulary. The issue is that patients have to go through step therapy. None of the 6 protected classes are included on the Medicaid formulary and patients are required to get prior auth.

Recommendation that HPSG be included in the August HCA meeting

End the protocol for the 2 step therapy.

Matt – It is reasonable to say that there is a process to get drugs that are more expensive because the pharmaceutical companies charge more and recommend that the state go after the pharm companies to not charge so much.

HCA has the step therapy for cutting costs

Jason – HB1879 had some changes about the step therapy that states prescription drugs have to be evidence based.

Scott - happened at the state level for access but not sure how that plays out with HCA and CMS

Carri – All the medications that we've identified are on the formulary, what is not is the 5/6 drugs that are not on the preferred drug list. There are 71 options of HIV meds on the preferred drug list. Newer drug are not on it,

Review process – HCA ***follow up with Carri**

Drug utilization Review Process which happened by a third party where the recommendations are formed and those recommendations are shared publicly. May not be ready for the Aug review

We have protocols that we follow when working with our sister agency. State Health Officer is meeting with HCA around this policy for an exception form or so that people don't have to fail two HIV meds. Have questions about the form and how long to process to exceptions.

Shireesha – Would be helpful to have someone at the table to advocate for the newer therapies

Carri – Pitch ideas for how to be involved and have the right representation in the early processes. Want to have the right people with the right people.

Shireesha – Not reasonable to ask people to prove that they can't tolerate a medication.

Carri – We don't want to come to HCA to say you have a problem and you need to fix it. We want to do this different to try and get a better outcome rather than when they try to fix it on their own that can make the situation worse or have no impact. We have a lot of clinical options that are going to be coming up and we want to take a more informed approach. CMS protected class rule only applies to Medicare

Lara – at Past HCA have had community members present before making their decision as part of their actual meetings and not just at the open comment.

Medical necessary criteria to bypass the prior authorization process.

Matt willing to help with this.

Judith - Not clearly understanding how they reach their decisions and how to advise.

Shireesha – Increased work for the provider and delay in getting patients the meds that they need and has other issues like food insecurity that come into play.

Matt – There should be a state/federal law that entitles the people know what drugs cost.

Lara – The reality is we change what we can change

Beth – Process from an HPSG, OID, DOH process – we definitely agree on the concerns and have been working hard with the SHO to move positively, if HPSG as a body, follow the process that those concerns come to Beth as HPSG is an advisory body to DOH/OID. The process has to go through Beth as, if it doesn't, it is the same as Beth signing off on what HPSG states in the letter. DOH is open to forwarding those requests on, but need to follow a clearly

defined process for how things are moved forward. We want to push this issue, but in coordination with you as a group but we have to follow that process as HPSG as an advisory body to DOH/OID. Individuals can still send letters on their own as an individual, and in that scenario, OID can provide updates.

Scott – the body can come up with something and send it to Beth

Beth - Need to be clear the roles between HPSG and the protocols for getting things SOH. Additional asks or HPSG to go through Beth.

Members interested in the clinical provider sub-committee

Lara, Matt, Kathy, Scott, Shauna

Consumer Sub-Committee (group of people living with HIV that could be called upon similar to the provider group)

Include time in HPSG meeting for those groups to meet so not working on personal time.

Public Comment –

Erick– Reminder that consumers have representation of PrEP/Prevention consumers. This is the first time ever heard so clearly laid out a statement about how things need to go through the Director of the office and it may be helpful to actually lay out the process of what happens and how.

Beth – agrees that there is significant lack of clarity and need to negotiate and communicate. Beth is asking that concerns that the HPSG has as a whole go through her first, and then she can decide how to proceed.

EAW Epidemiology Update and Tableau Dashboards – Kelly Naismith (F/U to get some notes)

Update for meeting goals

Reduce new HIV DZ by 50%

Increase Viral Suppression

Reduce Mortality

Decrease HIV Health Disparities

Public Comment –

Adrian – Information available by county.

The HIV report does have the information broken down by the larger counties. The report using 2018 data will come out the end of the summer.

HIV Stigma Among MSM Men Living Along the I-5 Corridor – UW/CFAR – Michael Louella and Mosope Oyewole

Slides provided to HPSG members
Public Comment –

Jasmine R: What could case managers do to help reduce stigma? What are questions can case managers ask and how to offer support around internalized stigma.

Scott: Access to care services across all the CBOs and having someone to connect with that is not a case manager. Peer counselors/mentors that can bridge that gap. Increased need for youth health education with a peer mentor.

Jasmine: Worth acknowledging that lots of folks here are working in this, but addressing the stigma that is outside of the silo of people working in the field such as landlords, etc.

Erick: Examine how we are fighting or perpetuate stigma in the work that we do.

Bill – Thanks for the presentation, but looking at the stigma for folks that are not positive but who work in the field. Getting the emotion out in how we are talking about stigma.

How often was access to housing an issue?

King County Presentation CDC 19-1906 – Matt Golden/PHSKC

End the HIV Epidemic Initiative (EtHE)

Lessons that can be brought to the new planning process.

Helpful to have a coordinator that can keep the process going, does the majority or the writing, can moderate stakeholders and is not a stakeholder themselves.

Have a smaller steering group to accomplish the majority of the work that is able to move fast.

Create diverse opportunities.

Plan, have an ad hoc committee from HPSG – reminder that this is a King County project, not a state project.

Steering committee of roughly 9 people.

The focus on structural issues we may be ahead of the game because of the BREE work and EAW, but still have more work to do.

Public Comment –

Judith – The four areas of alignment are decided how. Cluster response, is that more specific to the south east.

Matt – No way to do this without addressing cluster response plan. It is core and there is no way to attempt it.

Beth – Some places are building capacity and others are improving.

Matt – Epi capacity is a large factor in the cluster response plan. This may not be an issue for our state.

Kelly – Has friends who work in the south and Epi are not paid well and it's hard to retain epis.

Matt – sort of figuring out what is need financially.

Tom – What is the low hanging fruit?

Matt – Could we really promote in EMR to record gender of sex partners? In EMR have a query able field about who are the MSM and trans partners to assess testing. Uniform data set. Do we need another or more STD clinics? Is there a way to get the FQHCs to step up and care for the people who are homeless, best equipped to serve low income populations.

Jason – Any unique or creative methods for targeting minority communities who are at the highest risk.

Matt – Separating foreign born black vs US born blacks. Foreign born are easier to manage as they come to appointments and are compliant with meds and appointments.

Beth – Planning funding is there, but there is going to be coordination between the 5 funding agencies. The feds are working together and are expecting that local will work together the same.

Jason – Be cautious of how we communicate/compare the foreign born so not to misrepresent what those statements mean.

Talking about system changes dependent on the areas that we are talking about and looking at how there is certain data points that we don't capture in order to address how we provide care or monitor folks to system changes for how we care for folks, are our spaces welcoming, what are the other things that we provide.

Vanessa – Is this something that HPSG wants to support KC and being the planning body for the EtHE work that PHSKC is doing?

Yes – Unanimous all at the table

Shireesha moves and Lara's second, unanimous yes.

Scott – How long is the funding?

The plan is one year and the initiative is a multi-year one. Expectation that money will go up.

Wrap around services that we rely on are also starting to decrease in funding...is this part of the planning funding?

What is a realistic goals of reductions? Locally 70% is ambitious, we can make progress but need to maintain the new problem and find ways to engage with a hard to reach population.

Legislative Package (Next Steps) – All

Secretary Weisman and internal staff met over a month ago to discuss the options moving forward. The Secretary has requested meetings with folks to get more information. One with legislators to see what happened last session.

The next is to meet with community members to find out what happened during session. Individuals were chosen based on folks who were on the planning council HPSG, people that worked with the bill development.

Bill submitted in the agency as it was last year, it is on the books and waiting for the meetings to happen for the changes.

Public Comment – No Comments

HPSG Report Outs/Announcements

Next Meeting: September 19th, 2019